

Starkweather & Associates

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FAX COVER SHEET**RECEIVED
CENTRAL FAX CENTER**

SEP 01 2005

DATE: September 1, 2005
FAX #: 1-571-273-8300, Art Unit 3634
TO: Examiner Jennifer Eleanore Novosad
FROM: Diann Herring, Assistant to Michael Starkweather
RE: Response to Office Action due on September 24, 2005

Number of Pages including cover page: 19

Docket No. 3158.2.2 NP
Client David B. Udy
Serial No. 10/648,581 Filing Date 08/25/2003
Assignee/Mark HandiSolutions, Inc.
Date Faxed September 1, 2005

Please acknowledge receipt of:

- ☐ Application Pages
☐ Provisional ☐ Design ☐ Cont. ☐ Div. ☐ RCE
☐ Utility Total Claims Indep Claims
☐ Drawings Sheets Figures
☐ Assignment ☐ Cover Sheet ☐ Fee
☒ Certificate of Transmission
☒ Credit Card Payment Form, PTO-2038, for \$ 250
☒ Fee Transmittal
☒ Copy of Signed Fee Transmittal
☒ Transmittal Letter or Form
☐ Declaration and Power of Attorney
☐ IDS, ☐ Form SB/08 or 1449 ☐ References
☐ Issue Fee Transmittal
☐ Maintenance Fee Transmittal Year
☐ Request for Certification for Non-Publications
☒ Response to Office Action
☐ Affidavit
☐ Amendment
☐ Extension of Time Petition Months
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☐
☐
☐
☐ ATTORNEY: MWS - 34,441

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): DAVID B. UDY	ART UNIT: 3634 EXAMINER: JENNIFER ELEANORE NOVOSAD RECEIVED CENTRAL FAX CENTER
SERIAL NO.: 10/648,581	
FILING DATE: 08/25/2003	
TITLE: TOOL HOLDER AND METHOD	
DOCKET NO.: 3158.2.2 NP	

SEP 01 2005

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the U. S. Patent and Trademark Office, Fax No. 571-273-8300, Art Unit 3634, on September 1, 2005.


Dianh Herring or Gaylene Brown

Director of the USPTO
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Dear Sir:

Enclosed herewith are the following documents:

- Response to Office Action due 9/24/2005
- Certificate of Transmission (above)
- Fee Transmittal Form
- Copy of Signed Fee Transmittal Form
- PTO-2038 Credit Card Payment Form

Respectfully submitted,


Michael W. Starkweather, No. 34,441

Dated: August 31, 2005
9035 South 1300 East Suite 200
Sandy, Utah 84094

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 10/648,581 Filing Date 08/25/2003 First Named Inventor David B. Udy Examiner Name Jennifer Eleanore Novosad Art Unit 3834 Attorney Docket No. 3158.2.2 NP	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 250.00			

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☐ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims 37 **Extra Claims** Fee (\$): Fee Paid (\$):
 39 - 20 or 19 = 2 x 25 = 50
 HP = highest number of total claims paid for, if greater than 20.

Indep. Claims 5 **Extra Claims** Fee (\$): Fee Paid (\$):
 5 - 3 or HP = 2 x 100 = 200
 HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100	0	0	0	0

4. OTHER FEE(S)

Fee Description	Fee (\$)	Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	0	0
Other (e.g., late filing surcharge):	0	0

SUBMITTED BY		
Signature	Registration No. (Attorney/Agent) 34,441	Telephone 801-272-8368
Name (Print/Type) Michael W. Starkweather	Date 31 August 2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

SEP 01 2005

PTO/SB/17 (12-04v2)

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<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	250.00	

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☐ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments

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Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
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Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200	100
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Multiple dependent claims

360	180
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Total Claims	37	Extra Claims	Fee (\$)	Fee Paid (\$)
39	- 20 or (HP) =	2	25	50

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	5	Extra Claims	Fee (\$)	Fee Paid (\$)
5	- 3 or HP =	2	100	200

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100	- 100 =	0	0	0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fee Paid (\$)
0

Other (e.g., late filing surcharge):

0

SUBMITTED BY

Signature	<i>Michael W. Starkweather</i>	Registration No. (Attorney/Agent)	34,441	Telephone	801-272-8368
Name (Print/Type)	Michael W. Starkweather	Date	31 August 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**RECEIVED
CENTRAL FAX CENTER****SEP 01 2005****PATENT APPLICATION
Docket No.: 3158.2.2 NP****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s):	David B. Udy	
App. No.:	10/648,581	Art Unit: 3634
Filing Date:	08/25/2003	Examiner: Novosad, Jennifer Eleanore
For:	TOOL HOLDER AND METHOD	

RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

In response to the Examining Authorities Written Action, mailed June 24, 2005,
applicant respectfully submits the following amendments and remarks.

09/02/2005 TL0111 00000011 10648581

01 FC:2201
02 FC:2202

200.00 OP
50.00 OP

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